DOMESTIC VIOLENCE SHELTER BASED PROGRAM for Los Angeles County INVOICE

CONTRACTOR NAME: XYZ AGENCY												CONTRACT TYPE:									
CONTRACT NUMBER:	ITRACT NUMBER: DV-123 PERIOD OF PERF													ORMANCE OF WORK BEING INVOICED:						. 2012	
CONTRACT PERIOD:														TOTAL CONTRACT SUM:						2,000	
SUPERVISORIAL DISTRICT:	5	_												BEGINNING BALANCE:						0,000	
Total Number of Unduplicated Persons Requesting Services During Invoice Period:																					
Characteristics of Unduplicated Persons Requesting Services During Invoice Period.																					
Gender Age Marital Status Primary Language Race/Ethnicity														.v							
Male Female 18 18-25 26-3	35 36-45 46-60 60		Civil ed Union	Armenian C	Cambodian	Chinese- Cantonese	Chinese-	glish Korear		n Spanis	Taga sh (Filipi		ese Other	White	Balck/African American	Hispanic/ Latino	/ Americ Indiar		Filipino	Other	
NOTE: For each category (gender, age, marital status, etc.), the total should equal the same as Total Number of Unduplicated Persons Requesting Services During Invoice Period listed above.																					
C. Provide the number of persor													her of u	ndunlid	cated ners	on liste	d abov	/e			
o. I Tovide the Hamber of percor	io wilo doccoca	TYPE OF SERVICE	onthiny out	011 001 110	o provid	aca to a c	MICHEL 11100	o totalo di	o not no	oou to	mator	tilo ilali	1001 OI U	паарпо	outou porc	OH HOLO	a abov	# OF	# OF PERSONS WHO ACCESSED		
													WHO	ACCE	30ED						
2 A 24 hour a day, seven days a week	telephone hotline for	crisis calls.																			
3 Temporary housing & food facilities																		-			
4 Psychological support and peer counseling provided in accordance with Section 1037.1 of the Evidence Code.																					
5 Referrals to exising services in the community.																					
1 Shelter on a 24 hour a day, seven days a week telephone hotline for crisis calls. 2 A 24 hour a day, seven days a week telephone hotline for crisis calls. 3 Temporary housing & food facilities 4 Psychological support and peer counseling provided in accordance with Section 1037.1 of the Evidence Code. 5 Referrals to exising services in the community. 6 Drop-in center that operates during normal business hours to assit victims of DV who have a need for supportive services. 7 Arrangement for school age children to continue their education during their stay at the DVSBP. 8 Emergency transportation 9 Assistance with a method of obtaining medical care. 0 Assistance with a method of obtaining legal assistance 1 Assistance with a method of obtaining psychological support and counseling																					
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8 Emergency transportation																					
9 Assistance with a method of obtaining medical care.																					
10 Assistance with a method of obtaining legal assistance																					
11 Assistance with a method of obtaining	ng psychological supp	oort and counseling																			
12 Assistance with a method of obtaining	g information regardir	ng other available social services.	•																		
															TOT4					04 000	
TOTAL INVOICE AMOUNT:															\$1,000						
Have you incurred 75% of the contract amount?															No						
															YTD CC	ONTRACT	BALANC	Æ:		\$9,000	
										APPR	ROVED	BY:									
Signature of Authorized Representati	ive	Date	Date					DPS	PSS ONLY		Invoice Processed By:			County Contract Administrator				r		Date	
Person Completing this Form Telephone Number										Invoic	e Proce	ssea By:		Fiscal Management Branch					-	Date	